



Montana Department of  
**LABOR & INDUSTRY**  
Employment Relations Division

## BOARD OF PERSONNEL APPEALS

### MONTANA DEPARTMENT OF TRANSPORTATION

#### FORMAL APPEALS STEPS

(Each step should be dated as initiated by the employee)

I Date \_\_\_\_\_

II Date \_\_\_\_\_

III Date \_\_\_\_\_

1. Name of Employee: \_\_\_\_\_

Last

First

Middle Initial

2. Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Designated Representative (if any): \_\_\_\_\_

4. Present Classification: \_\_\_\_\_

Classification Code: \_\_\_\_\_ Position Number: \_\_\_\_\_

5. Department: \_\_\_\_\_ Address (Building and Street) \_\_\_\_\_

Division: \_\_\_\_\_ City: \_\_\_\_\_

Bureau: \_\_\_\_\_ Room Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Section: \_\_\_\_\_ Unit: \_\_\_\_\_

Has there been an informal attempt to resolve the appeal in question? \_\_\_\_\_

**The appeals procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.303. Any effort to impede the appeal process should be reported to the Board of Personnel Appeals.**

**NOTE:** Appeal must be filed within 180 days of alleged incident.

#### STEP I

I hereby invoke the formal appeals procedure guaranteed in Section 2-18-1001 MCA, as outlined in ARM 24.26.303. I certify that all facts stated here are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Discuss the reason for this appeal and possible solutions to the problem.\*

Continuance of the appeal – Submission to immediate supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_

Findings of immediate supervisor: \_\_\_\_\_ Date appeal received: \_\_\_\_\_  
(Supervisor has 3 working days to return grievance to employee) Date appeal returned to employee: \_\_\_\_\_

Signature: \_\_\_\_\_

**STEP  
II**

Continuance of appeal - Submission to Department Head:  
(Employee has 3 working days to forward the appeal)  
Date Submitted to Department Head \_\_\_\_\_

Findings of Department Head: \_\_\_\_\_ Date appeal returned to Employee: \_\_\_\_\_  
(Department Head has 5 working days to review and return grievance)

Signature: \_\_\_\_\_

**STEP  
III**

Continuance of appeal - submission to Board of Personnel Appeals for final resolution  
(Employee has 10 working days to forward the appeal)  
Date Submitted to BOPA: \_\_\_\_\_

Findings and decision of the Board of Personnel Appeals:\*  
(additional comments will be attached) Date appeal returned to Employee: \_\_\_\_\_

**If there are any questions concerning appeal procedure, contact the  
Board of Personnel Appeals,  
PO Box 8011, Helena, MT 59604-8011, Telephone: (406)444-6543**